

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09606331</b>	FILING DATE					
							APPLICANT(S)						
<b>8-15-01 CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1					52						
3		1					53						
4		2				1	54						
5		1				1	55						
6		2				1	56						
7		1				1	57						
8		1				1	58						
9		1				1	59						
10		1				1	60						
11	1				1		61						
12		1					62						
13		1					63						
14	1						64						
15	1						65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4				2		TOTAL IND.						
TOTAL DEP.	13				9		TOTAL DEP.						
TOTAL CLAIMS	17				11		TOTAL CLAIMS						

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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